

INSURE MONTANA

PURCHASING POOL CHANGE REPORT FORM

Please complete and return to: **Insure Montana**
840 Helena Avenue
Helena, MT 59601
Fax: 406-444-3435

Effective Date of Change: _____

Business Name: _____

Employee Name: _____ Age: _____

Insurance Agent Name: _____

TYPE OF CHANGE

____ New employee (must provide a completed Employee Application form*)

____ Delete employee and all dependents (must provide name(s) and effective date)

____ Add spouse/dependent(s) (must provide name(s) and effective date)

____ Delete spouse/dependent(s) (must provide name(s) and effective date)

Are dependents being removed due to eligibility for:

- Healthy Montana Kids (formerly known as CHIP)? ☐ YES ☐ NO
- Healthy Montana Kids *Plus* (formerly known as Medicaid)? ☐ YES ☐ NO

____ Household income change (must indicate current household income level below**)

____ Other (explain) _____

Comments: _____

****LIST HOUSEHOLD ANNUAL GROSS (BEFORE TAXES) INCOME FROM ALL TAXABLE SOURCES, SUCH AS WAGES, DIVIDENDS, UNEMPLOYMENT BENEFITS, ETC.**

HOUSEHOLD INCOME

Please check the box that best represents your total household annual gross income:

Single:	Married (no children):	Single with children:	Family (married with children):
____ less than \$9,570	____ less than \$12,830	____ less than \$16,090	____ less than \$19,350
____ \$9,570- \$14,355	____ \$12,830- \$19,245	____ \$16,090- \$24,135	____ \$19,350- \$29,025
____ \$14,355- \$19,140	____ \$19,245- \$25,660	____ \$24,135- \$32,180	____ \$29,025- \$38,700
____ \$19,140- \$23,925	____ \$25,660- \$32,075	____ \$32,180- \$40,225	____ \$38,700- \$48,375
____ \$23,925- \$28,710	____ \$32,075- \$38,490	____ \$40,225- \$48,270	____ \$48,375- \$58,050
____ \$28,710 and over	____ \$38,490 and over	____ \$48,270 and over	____ \$58,050 and over

CERTIFICATION AND SIGNATURE

I certify, under penalty of law, that all my answers are correct and complete to the best of my knowledge. I understand the penalty for withholding or giving false information which may include a possible criminal offense (MCA 33-22-2009). I agree to provide documents to verify information on this form if requested. I understand that State staff may obtain documents and/or information to verify statements on this form.

Signature _____ Date _____

*Forms and other pertinent information can be found on the Insure Montana website at: insuremontana.org